Name in Full

Certificate of Death

George William Blackiston

Died at Town: Near Crumpton County: Kent MARYLAND

Date 1899 Month: July Day: 28 | Age Y. 16 M. 4 D. | Native of: Kent Co Md. | Occupation: Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name: James Blackiston | Mother's Name: Rebecca Butler

Cause of Death — Primary: Pleurisy 73 | How long sick: Six months

Immediate: Hydrothorax & abcess of Lungs | ~~Accident, Suicide, Homicide~~

Reported by: F. M. Sheppard M D.

Address: Crumpton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: James Brooke — Certificate of Death

Died at Town: Colmar — County: Kent — MARYLAND

Date 189 9 — Month: July — Day: 28 — Age: Y. 65 M. — D. — Native of: Md. — Occupation: Farmhand

Male / ~~Female~~ — ~~White~~ / Colored — ~~Married~~ / Single — ~~Widow~~ / Widower — ~~Divorced~~ — Number of children living: non

Husband / Wife of —

Father's Name: Elijah Brooke — Mother's Name: Martha Foreman

Cause of Death — Primary: Pericarditis 5-7 — How long sick: 6 Months

Immediate: Heart Clot — Accident, Suicide, Homicide

Reported by: Jas. W. Ellis

Address: Still Pond Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Mary R Carroll

Certificate of Death

Died at Town Melitota County Kent MARYLAND

Date 1899 Month July Day

Age Y. M. D. 5 8

Native of Kent

Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name Wm H. Carroll

Mother's Name Mary Carroll

Cause of Death

Primary 82

Immediate Cholera Infantum

How long sick One day

~~Accident, Suicide, Homicide~~

Reported by John H. Hessey MD

Address Hanesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Clayton

Certificate of Death

Died at Town Charlestown County Kent MARYLAND

Date 1899 Month Day Aug 27 | Age Y. M. D. 75 | Native of Cecil Co | Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 141

Cause of Death: Primary Genera of Debility

Immediate

How long sick

Accident, ~~Suicide, Homicide~~

Reported by B Hanson Jr

Address No East

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Theresa Cramer. Certificate of Death

Died at Town Chestertown County Kent MARYLAND

Date 189 9 Month July Day 26 | Age Y. 6 M. 1 D. | Native of Md. | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Frank Cramer Mother's Name Hattie Price.

Cause of Death: Primary 82 How long sick 14 days.

Immediate Cholera Infantum ~~Accident~~ Suicide? ~~Homicide~~

Reported by J. Kerlon Kelly

Address Kennedyville, Kent Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65908

Name in Full | Certificate of Death

Ruthe H. Frances

Died at Town: Edesville County: Kent MARYLAND

Date 1899 Month: July Day: 20 Age Y. M. D.: 7 25 Native of: — Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~ One

Husband / Wife of

Father's Name: Walter Frances Mother's Name: Lillie Cosden

Cause of Death: Primary: Improper Food 82 Till How long sick: 2 days

Immediate: Cholera Infantum Accident, Suicide, Homicide

Reported by: John W McCleary MD

Address: Edesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Edward Eugene Hadaway

Town

Died at Edesville

County

Kent

MARYLAND

Date 189	Month	Day	Age	Y.	M	D.	Native of	Occupation
	7	17		0	5	0	U.S.A	

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced

Number of children living

Husband of

Wife

Father's Name Henry C Hadaway

Mother's Name Lilly V. Hadaway

Cause of Death — Primary 42

How long sick 12 hours

Immediate Congestion of Brain

~~Accident. Suicide. Homicide~~

Reported by E B Wilson

Address Edesville Kent Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 78708

Name in Full

John T. Hodges

Certificate of Death

Died at Town: Piney Neck County: Kent MARYLAND

Date 1890 Month: July Day: 18th | Age Y. M. D.: 41 - 5 - 29 | Native of: Kent Co | Occupation: Waterman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living One

Husband ~~Wife~~ of Fannie Jones

Father's Name Richard Hodges

Mother's Name Mary M. Harper

Cause of Death: Primary

Immediate Drowned

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Henry Jones

Address Rock Hall. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Attended by Dr. _____

of _____

Seen by ~~Coroner~~ D. W. Crosby, J. P. Act. Coroner

of Rock Hall, Md.

Information contained in this certificate received from Mrs. Fannie Hodges

of Rock Hall, Md.

Name in Full | Certificate of Death

William Burchinel Hodges

Died at Town: Piney Neck County: Kent MARYLAND

Date 1899 Month: July Day: 18 | Age Y. M. D.: 14-9-7 | Native of: Kent | Occupation: Waterman

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: John T. Hodges | Mother's Name: Fannie Hodges

Cause of Death: Primary | Immediate: Drowned | How long sick | Accident, ~~Suicide, Homicide~~

Reported by: Henry Jones

Address: Rock Hall, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Attended by Dr. _____

of _____

Seen by ~~Coroner~~ D. H. Crosby J.P. Act. Coroner

of Rock Hall. Md.

Information contained in this certificate received from Mrs. Fannie Hodges.

of Rock Hall. Md.

Name in Full Cleveland Howard

Certificate of Death

Died at Town Green Point County Kent MARYLAND

Date 1899 Month July Day 20 Age Y. 11 M. D. 21 Native of Kent Co Occupation

Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Thos B Howard

Mother's Name Sarah Howard

Cause of Death Primary Step Father

Immediate Drounding

148

How long sick

Accident, ~~Suicide, Homicide~~

Reported by John H Hessey M.D.

Address Hanesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Harriet R. Moffett

Certificate of Death

Died at Town Millington County Kent MARYLAND

Date 1899 Month July Day 26 Age Y. 66 M. D. Native of Md Occupation Lady

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Wife Enoch T. Moffett

Father's Name Lewis Price Mother's Name Selina C. Price

Cause of Death Primary Feeble Cardiac action How long sick about two months

Immediate Cerebral Anaemia ~~Accident, Suicide, Homicide~~

Reported by J. C. Hackett 66

Address Millington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Elizabeth Morris

Died at Town: Chestertown — County: Kent — MARYLAND

Date 189 — Month: Sept — Day: 4 — Age: Y. 78 M. 4 D. 28 — Native of: Md — Occupation: Housekeeper

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / Widower — Divorced / ~~Number of children living~~

~~Husband~~ / Wife of

Father's Name: Jesse Morris

Mother's Name: Mary

Cause of Death — Primary: Paralysis — How long sick: 6 Wks

Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by: W Frank Harris

Address: Chestertown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Manitta Parsons Morris

Died at near Town Norton County Kent MARYLAND

Date 189 9 Month 7 Day 13 | Age Y. 31 M. — D. — | Native of Kent | Occupation Housewife

Female | White | Married | Widower | Divorced

Number of children living 1

Husband of Jas Elwood Morris

Father's Name Harrison Parsons

Mother's Name Mary Bell

Cause of Death — Primary Mitro Carcinoma — How long sick 4 days

Immediate Septic Peritonitis 120

Reported by N Frank Harris

Address Chestertown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Jas. E. Ringgold

Certificate of Death

Died at Town Chestertowne County Kent MARYLAND

Date 189 Month July Day 28 | Age Y. 19. M. 11. D. 5 | Native of Chestertown | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of ———

Father's Name Perry Ringgold

Mother's Name Rebecca Ringgold

Cause of Death: Primary Pulmonary Tuberculosis — How long sick 6 months

Immediate Exhaustion — ~~Accident, Suicide, Homicide~~

220

Reported by Dr. J. A. Collins

Address Chestertown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Earle D Simpers

Died at Town Chestertown County Kent Co MARYLAND

Date 189 9 Month 7 Day 8 | Age Y. 17 M. — D. — | Native of Kent | Occupation Student

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Wife~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife —

Father's Name J. H. Simpers | Mother's Name Mary Ellen Vanwort

Cause of Death: Primary 1456 | How long sick —

Immediate Killed by Lightning | Accident, ~~Suicide, Homicide~~

Reported by W. Frank Heines

Address Chestertown Md MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name in Full Richard Brice Smith

Certificate of Death

Died at Town Betterton County Kent MARYLAND

Date 1899 Month July Day 7 | Age Y. 15 M. – D. – | Native of Md. | Occupation watterman

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Charles Smith

Mother's Name Ellen Smith

Cause of Death: Primary 148

Immediate Drowned

How long sick

Accident, ~~Suicide, Homicide~~

Reported by Wm H Kruse Replied Undertaker

Address Stelt Pond Iver

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Two Drs. from Balto. attended him but left Butterton, before they were seen by the undertaker.

Name in Full

Certificate of Death

Edward Wilkins

Died at Town: Rock Hall County: Kent MARYLAND

Date 1899 Month: July Day: 27 | Age Y. 63 M. 5 D. 27 | Native of Maryland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living Four

Husband / Wife of Eugenia Jane Wilkins

Father's Name Bartus Wilkins | Mother's Name Francis Harper

Cause of Death: Primary Dropsy 1550 | How long sick About one year

Immediate Gangrene | ~~Accident, Suicide, Homicide~~

Reported by J. R. Wilson

Address Edesville Kent Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79700

Name in Full: Wm Spencer Woollyhand

Certificate of Death

Died at: Town: Rock Hall County: Kent Co MARYLAND

Date 1899 Month: July Day: 2 Age: 18 Y. 9 M. 12 D. Native of: Kent Co Occupation: Waterman

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Jacob Woollyhand

Mother's Name: Mary Woollyhand

Cause of Death: Primary: Typhoid fever

Immediate: Intestinal hemorrhage

How long sick: 21 days

~~Accident, Suicide, Homicide~~

Reported by: Walter O. Selby

Address: Rock Hall Kent Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85962

Name in Full Lewis Wright-,

Certificate of Death

Died at Town Lynchs County Kent- MARYLAND

Date 1899 Month 7. Day 29 Age Y. 60 M. D. Native of Md. Occupation Farm Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower Number of children living none

Husband of Wife

Father's Name Wilson Wright- Mother's Name Millie Wright-.

Cause of Death Primary Brights disease. How long sick 3 yrs.

Immediate Heart failure. 97 Accident, Suicide, Homicide

Reported by W.S. Maxwell.

Address Still Pond. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706